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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** SEP 1, 2009 **and ending** AUG 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		HARTLEY NATURE CENTER		36-3507636
		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number
		3001 WOODLAND AVENUE		218-724-6735
City or town, state or country, and ZIP + 4		F Group Exemption Number ▶		
DULUTH, MN 55803				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website ▶ WWW.HARTLEYNATURE.ORG

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 367,964.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	171,113.
	2	Program service revenue including government fees and contracts	2	111,442.
	3	Membership dues and assessments	3	41,327.
	4	Investment income	4	5,430.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	16,596.
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	16,596.	
7a	Gross sales of inventory, less returns and allowances	7a	12,389.	
7b	Less cost of goods sold	7b	9,608.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2,781.	
8	Other revenue (describe ▶ MISCELLANEOUS INCOME RECEIVED)	8	9,667.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	358,356.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	189,730.
	13	Professional fees and other payments to independent contractors	13	7,060.
	14	Occupancy, rent, utilities, and maintenance	14	8,175.
	15	Printing, publications, postage, and shipping	15	5,773.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	130,394.
	17	Total expenses. Add lines 10 through 16	17	341,132.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,224.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	302,951.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	152.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	320,327.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

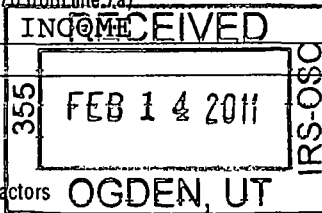
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	41,065.	50,986.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	274,452.	290,629.
25 Total assets	315,517.	341,615.
26 Total liabilities (describe ▶ SEE STATEMENT 3)	12,566.	21,288.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	302,951.	320,327.

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED MAR 03 2011



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Part III Statement of Program Service Accomplishments (See the instructions for Part III)What is the organization's primary exempt purpose? **ENVIRONMENTAL EDUCATION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)**28 SCHOOL PROGRAMS - SEE ATTACHED**(Grants \$) If this amount includes foreign grants, check here ☐**28a 87,906.****29 PROGRAMS FOR THE GENERAL PUBLIC - SEE ATTACHED**(Grants \$) If this amount includes foreign grants, check here ☐**29a 195,662.****30**(Grants \$) If this amount includes foreign grants, check here ☐**30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐**31a****32 Total program service expenses (add lines 28a through 31a)****32 283,568.****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
AZIZ AL-ARFAJ	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
KRISTINA ARCH	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
DAWN BLOOM	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
AMY BROOKS	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
PETE GRAVETT	EXECUTIVE DIRECTOR			
3001 WOODLAND AVE, DULUTH, MN 55803	40.00	43,930.	3,128.	0.
TIM HOWARD	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
KURT LANGE	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
CATHERINE LONG	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
ROB MAROHN	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
BECKY MEYER	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
BRUCE MUNSON	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
CURT ALBERTSON	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
DEHLIA SEIM	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
JOHN SCHMIDT	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
TIM BUCK	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.
JOHN PAULSON	BOARD MEMBER			
3001 WOODLAND AVE, DULUTH, MN 55803	1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	0.	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	0.	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	MN	
42a	The organization's books are in care of	PETER GRAVETT	
	Located at	3001 WOODLAND AVENUE, DULUTH, MN	
	Telephone no	218-724-6735	
	ZIP + 4	55803	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			Date	2/10/2011
	Signature of officer <i>Curt Albertson</i>				
Type or print name and title Curt Albertson, Treasurer					
Paid Preparer's Use Only	Preparer's signature	<i>Thomas J. Elving CPA</i>	Date	2-2-11	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIKILL & SCHILLING LTD. 230 W SUPERIOR ST., SUITE 600 DULUTH, MN 55802		EIN	218-722-4705

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Department of the Treasury
Internal Revenue Service—

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HARTLEY NATURE CENTER

Employer identification number

36-3507636

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
 - 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
 - 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
 - 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III - Functionally integrated
 - d ☐ Type III - Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	108,716.	164,803.	190,050.	164,095.	171,113.	798,777.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	108,716.	164,803.	190,050.	164,095.	171,113.	798,777.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						146,543.
6 Public support. Subtract line 5 from line 4						652,234.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	108,716.	164,803.	190,050.	164,095.	171,113.	798,777.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,487.	4,835.	5,584.	2,465.	5,430.	20,801.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	578.	625.	4,714.	2,423.	26,263.	34,603.
11 Total support. Add lines 7 through 10						854,181.
12 Gross receipts from related activities, etc. (see instructions)					12	598,659.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	76.36 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	78.91 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		AUCTION		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	16,596.			16,596.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	16,596.			16,596.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				16,596.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

HARTLEY NATURE CENTER
PROGRAM SERVICE ACCOMPLISHMENTS
ATTACHMENT TO FORM 990-EZ, PART III
FED EIN: 36-3507636
08/31/2010

	<u>Expense</u>
I. School Programs, including early childhood (pre-K – Grade 12)	<u>\$87,906</u>
• Provided 1985 student field trip experiences free of charge via our school scholarship fund – a Hartley record. The funds were again accessible to those schools with over 55% of their students on free and reduced lunch. • Provided free transportation for all area schools attending a Hartley field trip – a Hartley first. • Set an attendance record of 24,321 participants due in large part to program growth for early childhood and school-aged groups. Early childhood groups almost doubled to 1560 participants. Grades K-2 had a record 3523 students served and grades 3-6 had 2366 students served. • Provided yearlong monthly field programs for over 60 local home school children. • Provided site for a Forestry Field Day that served over 200 schoolchildren. • Teamed with AmeriCorps to provide a weekly afterschool program and/or park stewardship project opportunities for area schools. Scholarship assistance was provided by HNC. There were 11 afterschool programs scheduled totaling about 136 student-visits. • Served groups from several area communities.	
II. Programs for the General Public	<u>\$195,662</u>
• Offered 84 seasonal environmental camps (3-5 days in length), including 8 Urban Wilderness Camps (UWCs) in some of the city's more sizable green spaces. Natural history and outdoor skills were the primary topics with participants ages 4-15. The result was 3908 student-program experiences – a Hartley record 18% over and above record set previous summer. • Offered overnight field experiences for children ages 12-15, including weeklong Hiking Camp on the Superior Hiking Trail, Fishing Afar and the Paddlemaster's Canoe Trip. • Gave away almost \$6500 in camp scholarship assistance to those families whose children qualified for the federal free and reduced lunch program – a Hartley record. • Provided 100 walk-in Nature Nook programs for parents and their pre-schoolers over the course of the year. Attendance was 1949 participants. • Provided over 30 "Wednesday: Adults Night Out" programs throughout the school year in collaboration with the Izaak Walton League, the Duluth Audubon Club, Hawk Ridge and the Wild Ones native plant group. • Lead free winter activities for the general public including snowshoeing during the City's "Warmer by the Lake" festival. • Co-hosted free Outdoor Youth Expo with the Izaak Walton League for 200 parents and children. Activities included fly fishing, bird banding, birdhouse building and kayaking. • Provided 120-hour park stewardship internships to five students from UMD, the College of St. Scholastica and Macalester College. • Provided a record 7 environmental education internships of up to 600 hours each. 1009-10 student interns came from the University of Illinois Champaign-Urbana, University of Wisconsin Madison, University of Wisconsin Stevens Point, St. John's University, Northern Michigan University, and the University of Minnesota Duluth. • Provided volunteer opportunities including: Education Assistants, Display Fabricators and Greeters. Volunteer list now consists of over twenty-five active volunteers. • Staffed booths at the following public events: Duluth's Living Green Conference, Kids Plus Conference, Whole Foods Co-op's Earth Day Fair, Harvestfest Energy Fair, Earth Tracks at the Zoo. • Held Membership Appreciation Events including Candlelight Ski and Snowshoe event for 225 participants, and a Bird Banders Breakfast for 80 participants. • Provided 2000+ man-hours in the way of volunteer opportunities involved in the stewardship of Hartley Park, including buckthorn pulls and frog population monitoring projects.	

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
CREDIT CARD FEES & BANK CHARGES	3,359.		
CONTRACTED SERVICES	30,428.		
DUES & SUBSCRIPTIONS	617.		
SCHOOL BUS RENTAL	16,055.		
INSURANCE	9,609.		
PROGRAM MATERIALS	9,289.		
TRAVEL & TRAINING	9,394.		
MISCELLANEOUS	2,436.		
SUPPLIES	9,667.		
PROGRAM PROMOTION & MARKETING	6,566.		
REPAIRS AND MAINTENANCE	6,279.		
PAYROLL TAXES	12,503.		
DEPRECIATION	14,192.		
TOTAL TO FORM 990-EZ, LINE 16	130,394.		

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLE	120.	4,342.	
GRANTS RECEIVABLE	1,444.	18,274.	
BENEFICIAL INTEREST IN PERPETUAL TRUST	29,607.	31,940.	
INVENTORY	3,604.	3,363.	
OTHER DEPRECIABLE ASSETS	239,677.	232,710.	
TOTAL TO FORM 990-EZ, LINE 24	274,452.	290,629.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE & ACCRUED EXPENSES	9,616.	16,347.	
DEFERRED REVENUE	2,950.	4,941.	
TOTAL TO FORM 990-EZ, LINE 26	12,566.	21,288.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST	152.
TOTAL TO FORM 990-EZ, LINE 20	152.

FORM 990-EZ	RENTAL INCOME	STATEMENT	5
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
ROOM IN BUILDING OWNED BY ORGANIZATION	1	4,628.
TOTAL INCLUDED ON FORM 990-EZ, PART I, LINE 4		4,628.

FORM '990-EZ

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 7A

STATEMENT 6

INCOME

1. GROSS RECEIPTS	12,389	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		12,389
4. COST OF GOODS SOLD (LINE 13)	9,608	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,781

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	3,604	
7. MERCHANDISE PURCHASED	9,367	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		12,971
12. INVENTORY AT END OF YEAR	3,363	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		9,608

FORM 99-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	HARTLEY NATURE CENTER	36-3507636
	Number, street, and room or suite no. If a P.O. box, see instructions. 3001 WOODLAND AVENUE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, MN 55803	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PETER GRAVETT

- The books are in the care of ► **3001 WOODLAND AVENUE - DULUTH, MN 55803**

Telephone No ► **218-724-6735**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **SEP 1, 2009**, and ending **AUG 31, 2010**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)